

PHOENIX EMA RYAN WHITE TITLE I HIV Health Services Planning Council

**Needs Assessment of African American Persons Living with
HIV/AIDS in Maricopa and Pinal Counties, Arizona**

2006 REPORT OF FINDINGS

Prepared by



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2006 African American Needs Assessment

Phoenix EMA HIV Health Services Planning Council

September 2006

Executive Summary

African Americans account for 40% of the nation's total AIDS case diagnosed since the beginning of the epidemic through 2004, despite the fact that they make up only 12.2% of the U.S. population. African Americans represent 50% of persons newly diagnosed in 2004, account for 40% of the AIDS deaths and 43% of all persons estimated to be living with AIDS. HIV/AIDS for African Americans is seven times that for Whites. (CDC HIV/AIDS Surveillance Report, 2004, US Census Bureau, 2005)

In Arizona, emergent HIV infection trends among all racial/ethnic groups are reflective of broader population trends with the clear exception of Non-Hispanic Blacks. Non-Hispanic Blacks were just 3.4% of Arizona's population in 2004, but accounted for 12.9% of emergent HIV infection. *This 3 to 4 fold disproportionate impact is not seen among other race/ethnicity groups.* (ADHS Integrated Epidemiologic Profile, 2005) ***In the Phoenix Title I EMA Non-Hispanic Blacks account for 9% of emergent HIV infection and 4.3% of emergent AIDS, with case rates 3-10 times that of other racial/ethnic groups. Non-Hispanic Blacks account for 11.9% of the prevalent HIV/AIDS cases with case rates 2-9 times that of other racial/ethnic groups.*** (ADHS, 2005) The emergent cases of HIV among African Americans in the Phoenix EMA Title I service area have increased from 10.2% to 13.2% of the region's total cases of emergent HIV/AIDS from the 1993-1999 to the 2000-2004 reporting period.

The predominant behavior associated with prevalent HIV infection in Arizona continues to be MSM. MSM behavior accounted for 71.6% of all emergent infections in 2003. Currently 1 in 10 MSM in Arizona are infected with HIV. MSM of color (especially African Americans) have been disproportionately affected by HIV. (ADHS, 2005) The tremendous impact of HIV among MSM of all colors is well established. (CDC, HIV/AIDS Among MSM, 2005)

Disparities in *health* are defined as unequal burdens in disease morbidity and mortality rates experienced by ethnic/racial groups as compared to the dominant group. Causes of health disparities include poor education, health behaviors of the minority group, poverty and its attendant consequences, and environmental factors, most of which are access-related factors. (USDHHS, 2000) Causes of disparities in *health care* relate to quality and include provider-patient relationships, provider bias and discrimination, and patient variables such as mistrust of the health care system and refusal of treatment. (USDHHS, 2000)

In 2006, the Phoenix EMA undertook a needs assessment of the "In Care" special population of African Americans to better understand the service needs, gaps and barriers of this disproportionately impacted population. *This Special Population evidences high unemployment (58%); low income levels; a current homelessness rate of 34%, with a total current or previous*

homelessness rate of 53%; and a high rate of co-morbidities, with 55% of the respondents reporting diagnosis and/or treatment for a substance abuse disorder.

2006 African American Needs, Uses, Gaps, & Barriers Matrix

Service Category Description	Need Rank	Use Rank	Gap Rank	Barrier Rank	Barrier Reasons	Gap Reasons
Housing Assistance	2	4	2	1	Lack of caring/Wait List/Limited service	No one cares/Not yet permanent resident
Primary Medical Care	1	1	NR	NR		
Support	4	5	3	NR		No male groups
Rental Assistance	NR	4	4	5	No resources/Lack of caring	No resources
Mental Health Counseling	8	NR	NR	4	Expensive/Limited availability	
Food	3	6	NR	3		
Medications	5	6	4	4	Lack of funding/Too healthy to get HIV meds	
Transportation	8	7	4	3	Lack funding/Don't qualify, taxis' not reliable	Can't get taxi to nutrition appointment
Financial Assistance (Medications)	7	NR	NR	5	Lack of funds	
Treatment Adherence	NR	NR	4		Wait list	Wait list
Nutrition Ed	NR	NR		2	Supplements (Ensure)	
Emergency Financial Assistance	6	NR	3	NR	Don't qualify/Limited availability	No one cares
Alternative Comp. Therapy	NR	2	3	4	Don't offer/Can't find naturopath	Took services a way/Don't offer; Don't have opening
Dental Care	9	NR	1	2	Over income level/Don't qualify	Income/Can't get orthodontist
Spiritual Health Counseling	9	NR	NR	NR		
Clothing	10	NR	NR	5	Lack of caring	
Utility Assistance	10	NR	NR			
Case Management	10	2/3*	NR	5	Don't seem to care	
Legal Assistance	NR	NR	4	NR		No Arizona ID
Eye Care		NR	4	5	Can't get eye care/Funding	Can't get eye care
Emergency Medical Care		NR	NR	4	After-hour medical care is hard to get	

* Number 2 ranking is 'Body Positive and #3 ranking is 'Care Directions'

According to the 2006 Phoenix EMA Needs Assessment, the 'Top Ten' HIV service Needs reported by the African American 'In Care' survey participants, in rank order, include: 1) Primary Medical Care; 2) Housing; 3) Food; 4) Support; 5) Medications; 6) Emergency Financial Assistance; 7) Medication Financial Assistance; 8) Transportation & Mental Health Counseling (tied # 8 rankings); 9) Dental Care services & Spiritual Health Counseling (tied # 9 rankings); and, 10) Clothing, Utilities assistance & Case Management (tied # 10 rankings).

The African American “In Care” survey respondents ranked the following service GAPS:

- 1) Dental Care services
- 2) Housing Assistance
- 3) Support, Emergency Financial Assistance, and Alternative Therapies (tied #3 rankings)
- 4) Medications, Transportation, Legal Assistance, Rental Assistance, Recreation, Eye Care, and Treatment Adherence/Medication reminders (tied #4 rankings)

The primary reasons offered by African American “In Care” survey respondents to explain the unavailability of the perceived service Gaps were resource-related reasons (“not available”, “no resources”, “wait list”, and eligibility/income restrictions). Some services were perceived as unavailable because “no one cares”.

The top ranking service Barriers (services perceived as “hardest to get”) by “In Care” African American PLWHA include, in rank order: 1) Housing; 2) Dental Care services; 3) Food and Transportation (tied rankings); 4) Medications, Mental Health Counseling, Emergency Medical Care, Emergency Financial Assistance, and Alternative Therapies (tied #4 rankings); and 5) Clothing, Medication Financial Assistance, Case Management, Eye Care, Medication reminders and Housing Funding (all tied #5 barrier rankings). The African American “In Care” survey respondents cited a “lack of caring”, wait lists, lack of funding, eligibility restrictions and limited availability as the primary reasons for the difficulty in accessing needed services.

Challenges the Special Population of African Americans Present to the Service Delivery System

Because the HIV epidemic is spreading so rapidly within the Black community, greatly strengthened HIV prevention, outreach and testing services which successfully engage the African American populations have become critical. Risk reduction messages and ‘safe’ offers of testing/counseling, which effectively reach MSM who may not identify as ‘Gay’ along with their sexual and drug using partners must be expanded, within the uniquely specific social networks of high-risk members of this special population.

Once the individuals have been identified as HIV positive, multiple social and cultural barriers, *including mistrust of the health care system*, must be overcome in order to promote successful engagement with and retention in systems of care. The top ranking *needs* of this population evidence a strong mix of ‘essential core’ and ‘supportive’ services, which Testing counselors and Case managers must strive to coordinate within the web of variously funded and available resources in the Phoenix EMA. If the needs for housing, food, clothing, transportation and emergency financial assistance are not met, it will likely be highly difficult to assist members of this special population in initially entering care, much less remaining in care.

Assisting African American PLWHA with harm reduction techniques at minimum and effective substance abuse treatment modalities at best, will be essential in order to ensure the individual’s capacity for entering and remaining in care. Once enrolled will not mean always enrolled. This

special population evidences a high drop-out rate and will require intensive case management and other orchestrated retention strategies, implemented by the entire health care team. *The expressed perception of the survey respondents that “no one cares” deserves further exploration and remedy.*

Addressing the Service Gaps of African American PLWHA within the Continuum of Care

The African American “In Care” survey respondents ranked the following services as “unavailable” (GAPS): 1) Dental Care services; 2) Housing assistance; 3) Support, Emergency Financial Assistance, and Alternative Therapies (tied #3 rankings); Medications, Transportation, Legal Assistance, Rental Assistance, Recreation, Eye Care, and Treatment Adherence/Medication reminders (tied #4 rankings). Again, the services perceived as “unavailable” represent a mixture of basic supportive services (Housing, Emergency Financial Assistance, Rental Assistance) as well as some essential core services (inclusive of Dental Care services, Medications and Treatment Adherence services).

Ensuring a satisfactory level of service capacity will require careful resource allocation and coordination. Case Management training in fully exploiting all available Ryan White and other local resources on behalf of clients served must continue to be a priority. Expanded collaboration with local indigent care legal services will be important to address the legal concerns expressed by a sample population for whom 10% report a recent incarceration over the past year.

Estimating the Costs of Service Delivery for the Special Population of African Americans

In addition to the average costs of care for a special population who is frequently ‘late to care’, there are other high priority services which require review and examination, beginning with the possible development and implementation of innovative case finding and engagement strategies (in collaboration with CDC funded agencies and programs) which more effectively reach and test members of this high risk population earlier in their disease process. Based upon the 2006 needs assessment findings and 2005 unmet need data, it appears that a smaller than desired proportion of the African American PLWHA remain engaged in HIV primary medical care.

The solutions are not simple, when many of the barriers to care involve complex social and cultural issues, coupled with stigma and discrimination, compounded with high levels of mistrust for traditional health care providers. Peer mentored engagement strategies, (which may be funded through a combination of CDC, Ryan White and private resources) are relatively inexpensive to implement, yet hold promise for success. Strengthened retention strategies involve the planning, implementation, and added commitment of time on the part of already burdened health care providers. When committed retention efforts are coupled with high provider levels of cultural sensitivity and competence (perhaps through additional training and awareness workshops) the retention in care rates for African American PLWHA may significantly improve. Identifying additional resources for Dental Care, Medications, and Substance Abuse Treatment will be necessary if the essential core service needs of this special population are to be met.

Chapter 1: Introduction

Annual Needs Assessments are studies conducted to determine priority service needs and gaps in the continuum of care for People Living with HIV/AIDS (PLWHA). Results of this client-centered activity are used to establish service priorities, document the need for specific services, determine barriers to accessing care, provide baseline data for comprehensive planning including capacity building, and help providers improve the access to and quality of services delivered, especially to the designated 'Severe Need Groups' and 'Special Populations'.

A comprehensive assessment of the service needs of African American persons living with HIV/AIDS (African American PLWHA) and currently "In Care"¹ within the Phoenix EMA was conducted in Summer of 2006. This assessment of need included an "In Care" written survey questionnaire of African American persons receiving Ryan White funded services utilizing the Needs Assessment Client Survey (NACS) tool.

Relevance of Phoenix Title I EMA African American Needs Assessment Study

Arizona's July 1, 2004 population reached 5.83 million, according to the latest estimates from the Arizona Department of Economic Security Population Statistics Unit. The Arizona population is expected to reach 11.17 million by 2050, a 118% increase of the state's population from 5.13 million in 2000. Arizona's population is predominantly White. White non-Hispanics comprise 62% of the State's population. Hispanics make up 27% of the State's population; non-Hispanic Blacks comprise 3.2% of the total population; Asian-Pacific Islander non-Hispanics make up 2.2% of the State's total population; and, American Indian/Alaska Native non-Hispanics comprise 4.8% of the State's population (2003). Arizona currently has 10,294 persons known to be living with HIV or AIDS (5/1/05, ADHS Integrated Epidemiologic Profile). A total of 17,987 confirmed cases of HIV or AIDS have been reported. The State as a whole has a known HIV disease prevalence rate of 184.5 per 100,000 persons. *Based on current prevalence estimates, at least one of every 542 persons in Arizona has HIV.* Maricopa County (Phoenix Metropolitan Area) makes up 60.7% of the State's population, and 68% of the prevalent cases of HIV/AIDS and 71.3% of the emergent cases of HIV/AIDS.

Pinal County has the third highest number of prevalent cases (331) in the State, yielding an HIV/AIDS prevalence case rate of 162.14 per 100,000 persons. Pinal County's emergent case rate (15.38 per 100,000 persons) is the second highest in the State, having 145 emergent cases of HIV/AIDS reported from 1999 to 2003. (2005 Integrated Epidemiologic Profile, ADHS) The prison population makes a significant impact on the HIV epidemic in Pinal County. Prisoners make up 5.2% of the total population of Pinal County, yet comprise almost 30% of the County's prevalent cases (99 of 331 persons) and almost 60% of the emergent cases in Pinal County. (2005 ADHS)

¹ 1) **CD4 – CD4 (T4) or CD4 + CELL COUNT and PERCENT.**

2) **VIRAL LOAD TEST** - Test that measures the quantity of HIV RNA in the blood.

3) **ANTIRETROVIRAL DRUGS** - Substances used to interfere with replication or inhibit the multiplication of retroviruses such as HIV.

Disparities in *health* are defined as unequal burdens in disease morbidity and mortality rates experienced by ethnic/racial groups as compared to the dominant group. Causes of health disparities include poor education, health behaviors of the minority group, poverty and its attendant consequences, and environmental factors, most of which are access-related factors. (USDHHS, 2000) Causes of disparities in *health care* relate to quality and include provider-patient relationships, provider bias and discrimination, and patient variables such as mistrust of the health care system and refusal of treatment. (USDHHS, 2000)

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The predominant behavior associated with prevalent HIV infection in Arizona continues to be MSM. MSM behavior accounted for 71.6% of all emergent infections in 2003. Currently 1 in 10 MSM in Arizona are infected with HIV. MSM of color (especially African Americans) have been disproportionately affected by HIV. (ADHS, 2005) The tremendous impact of HIV among MSM of all colors is well established. (CDC, HIV/AIDS Among MSM, 2005) The extreme and disproportionate impact of the HIV epidemic on Black MSM was confirmed in U.S. data released at the 2005 National HIV Prevention Conference and in data presented at the RWCA All Titles Grantee Conference in 2006.

As evidenced in the tables on the following pages, in the Phoenix Title I EMA Non-Hispanic Blacks account for 9% of emergent HIV infection and 4.3% of emergent AIDS, with case rates 3-10 times that of other racial/ethnic groups. Non-Hispanic Blacks account for 11.9% of the prevalent HIV/AIDS case with case rates 2-9 times that of other racial/ethnic groups. (ADHS, 2005) The emergent cases of HIV among African Americans in the Phoenix EMA Title I service area have increased from 10.2% to 13.2% of the region's total cases of emergent HIV/AIDS from the 1993-1999 to the 2000-2004 reporting period.

Prevalence estimates the current population living with the HIV or AIDS infection.

Emergence measures the emerging disease pattern, or those persons newly diagnosed with the disease within the past four years.

CENTRAL REGIONAL PLANNING GROUP COUNTIES (Maricopa and Pinal Counties)

2004 Population	% of State Population	% State HIV/AIDS Prevalence
3,715,360	64.7	71.9

CURRENT ESTIMATED PREVALENCE:

	Prevalent HIV			Prevalent HIV & AIDS					
	Cases	% Region Total	Rate Per 100,000	Cases	% Region Total	Rate Per 100,000	Cases	% Region Total	Rate Per 100,000
By Gender									
Male	3572	45.4	190.72	3261	41.5	174.12	6833	86.9	364.84
Female	600	7.6	32.57	433	5.5	23.50	1033	13.1	56.07
	4172	53.0	112.29	3694	47.0	99.43	7866	100.0	211.72
By Age									
Under 2	3	0.0	2.42	0	0.0	0.00	3	0.0	2.42
2-12	28	0.4	4.43	6	0.1	0.95	34	0.4	5.38
13-19	27	0.3	7.46	10	0.1	2.76	37	0.5	10.23
20-24	137	1.7	51.33	29	0.4	10.87	166	2.1	62.20
25-29	313	4.0	110.00	132	1.7	46.39	445	5.7	156.39
30-34	481	6.1	163.85	318	4.0	108.33	799	10.2	272.18
35-39	777	9.9	288.27	639	8.1	237.07	1416	18.0	525.34
40-44	952	12.1	347.95	945	12.0	345.39	1897	24.1	693.34
45-49	671	8.5	274.59	711	9.0	290.96	1382	17.6	565.56
50-54	384	4.9	182.67	464	5.9	220.72	848	10.8	403.39
55-59	210	2.7	113.47	243	3.1	131.30	453	5.8	244.77
60-64	94	1.2	63.27	117	1.5	78.75	211	2.7	142.02
65 and Above	81	1.0	19.22	80	1.0	18.98	161	2.0	38.21
Age Unknown	14	0.2	N/A	0	0.0	N/A	14	0.2	N/A
	4172	53.0	112.29	3694	47.0	99.43	7866	100.0	211.72
By Race / Ethnicity									
White Non-Hispanic	2541	32.3	108.73	2278	29.0	97.48	4819	61.3	206.22
Black Non-Hispanic	505	6.4	337.70	428	5.4	286.21	933	11.9	623.91
Hispanic	894	11.4	84.65	823	10.5	77.92	1717	21.8	162.57
*A/PI/H Non-Hispanic	34	0.4	34.62	33	0.4	33.60	67	0.9	68.23
**AI/AN Non-Hispanic	123	1.6	164.88	124	1.6	166.22	247	3.1	331.11
***MR/O Non-Hispanic	75	1.0	N/A	8	0.1	N/A	83	1.1	N/A
	4172	53.0	112.29	3694	47.0	99.43	7866	100.0	211.72
By Mode of Transmission									
+MSM	2444	31.1	N/A	2320	29.5	N/A	4764	60.6	N/A
++IDU	481	6.1	N/A	480	6.1	N/A	961	12.2	N/A
MSM / IDU	289	3.7	N/A	391	5.0	N/A	680	8.6	N/A
Heterosexual	437	5.6	N/A	367	4.7	N/A	804	10.2	N/A
+++O/H/TF/TPR	83	1.1	N/A	47	0.6	N/A	130	1.7	N/A
++++NRR/UR	438	5.6	N/A	89	1.1	N/A	527	6.7	N/A
	4172	53.0	112.29	3694	47.0	99.43	7866	100.0	211.72

* Asian Pacific/Islander/Hawaiian
 ** American Indian/Alaskan Native
 *** Multiple Race/Other Race

+ Men having Sex with Men
 ++ Injection Drug Use
 +++ Other/Hemophilia/Transfusion and Blood Products/Transplant Recipient
 ++++ No Reported Risk/Unknown Risk

Maricopa and Pinal Counties

REGIONAL INCIDENCE 1995-1999:

	Emergent HIV			Emergent HIV&AIDS					
	Cases	% Region Total	Rate Per 100,000	Cases	% Region Total	Rate Per 100,000	Cases	% Region Total	Rate Per 100,000
By Gender									
Male	1219	49.6	16.47	905	36.8	12.23	2124	86.4	28.69
Female	215	8.7	2.90	119	4.8	1.61	334	13.6	4.51
	1434	58.3	9.68	1024	41.7	6.91	2458	100.0	16.59
Under 2	6	0.2	1.27	3	0.1	0.64	9	0.4	1.91
2-12	7	0.3	0.29	2	0.1	0.08	9	0.4	0.37
13-19	20	0.8	1.41	2	0.1	0.14	22	0.9	1.55
20-24	136	5.5	13.03	38	1.5	3.64	174	7.1	16.67
25-29	284	11.6	23.31	119	4.8	9.77	403	16.4	33.08
30-34	351	14.3	28.05	224	9.1	17.90	575	23.4	45.95
35-39	281	11.4	22.75	236	9.6	19.10	517	21.0	41.85
40-44	183	7.4	16.84	158	6.4	14.54	341	13.9	31.38
45-49	78	3.2	8.40	109	4.4	11.74	187	7.6	20.15
50-54	52	2.1	6.85	73	3.0	9.62	125	5.1	16.47
55-59	18	0.7	2.98	33	1.3	5.46	51	2.1	8.43
60-64	10	0.4	1.92	15	0.6	2.88	25	1.0	4.80
65 and Above	8	0.3	0.43	12	0.5	0.65	20	0.8	1.08
Age Unknown	0	0.0	N/A	0	0.0	N/A	0	0.0	N/A
	1434	58.3	9.68	1024	41.7	6.91	2458	100.0	16.59
White Non-Hispanic	882	35.9	8.55	603	24.5	5.85	1485	60.4	14.40
Black Non-Hispanic	154	6.3	28.26	96	3.9	17.62	250	10.2	45.88
Hispanic	317	12.9	9.48	270	11.0	8.07	587	23.9	17.55
*A/PI/H Non-Hispanic	6	0.2	1.87	7	0.3	2.19	13	0.5	4.06
**AI/AN Non-Hispanic	64	2.6	22.05	44	1.8	15.16	108	4.4	37.21
***MR/O Non-Hispanic	11	0.4	N/A	4	0.2	N/A	15	0.6	N/A
	1434	58.3	9.68	1024	41.7	6.91	2458	100.0	16.59
+MSM	775	31.5	N/A	626	25.5	N/A	1401	57.0	N/A
++IDU	212	8.6	N/A	135	5.5	N/A	347	14.1	N/A
	141	5.7	N/A	65	2.6	N/A	206	8.4	N/A
Heterosexual	159	6.5	N/A	100	4.1	N/A	259	10.5	N/A
+++O/H/TF/TPR	23	0.9	N/A	21	0.9	N/A	44	1.8	N/A
++++NRR/UR	124	5.0	N/A	77	3.1	N/A	201	8.2	N/A
	1434	58.3	9.68	1024	41.7	6.91	2458	100.0	16.59

* Asian Pacific/Islander/Hawaiian
 ** American Indian/Alaskan Native
 *** Multiple Race/Other Race

+ Men having Sex with Men
 ++ Injection Drug Use
 +++ Other/Hemophilia/Transfusion and Blood Products/Transplant Recipient
 ++++ No Reported Risk/Unknown Risk

REGIONAL INCIDENCE 2000-2004:

* Asian Pacific/Islander/Hawaiian
 ** American Indian/Alaskan Native
 *** Multiple Race/Other Race

11

Project Design

The objectives of this needs assessment study included the following:

- 1) To identify the extent and types of service needs among “In Care” African American PLWH/A in Maricopa and Pinal Counties; and
- 2) To identify the service Gaps and Barriers to care as perceived by African American PLWHA in Maricopa and Pinal counties.

1. Methodology

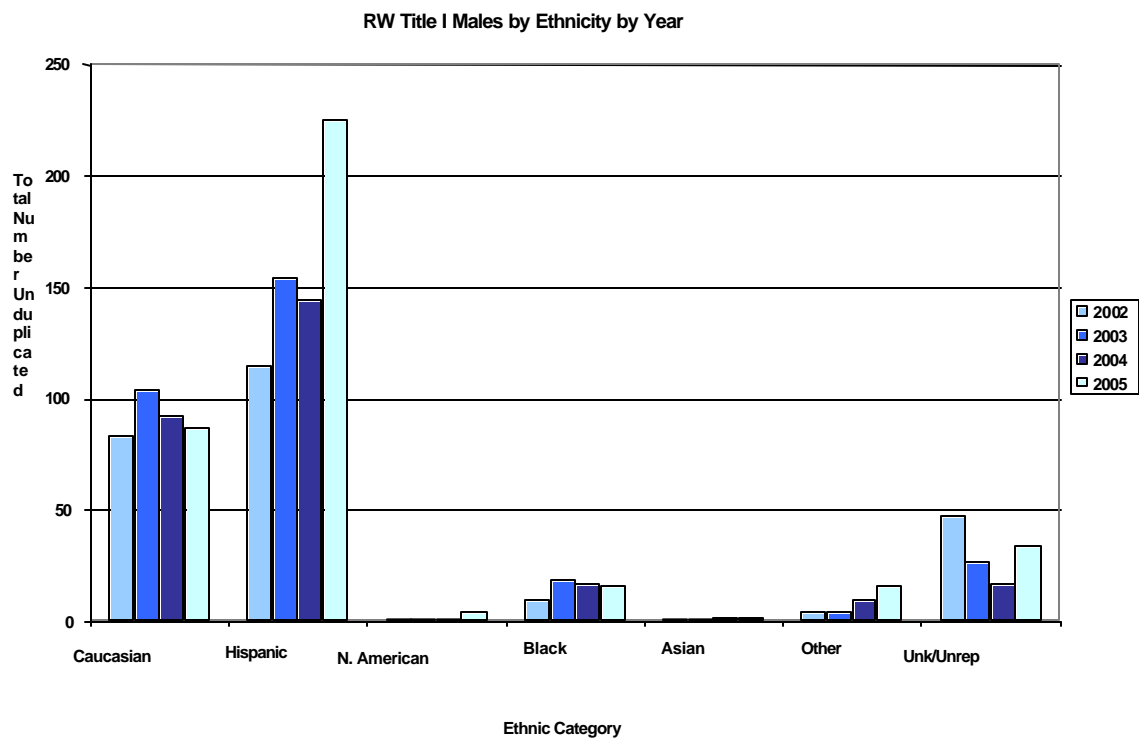
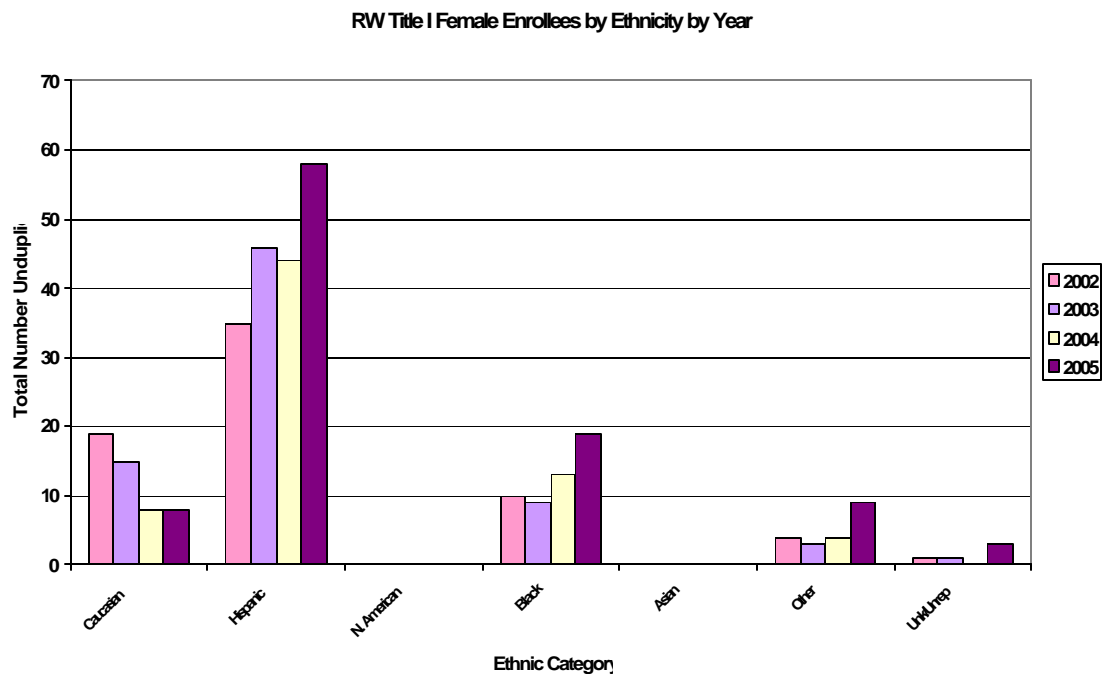
a. In Care Survey Sample

The sample for surveying the ‘In Care’ population was first determined by establishing a goal of 20% participation among the number of African American PLWHA receiving Ryan White funded primary care services at the McDowell Clinic. Current McDowell Clinic data indicates that 35 African American PLWHA received primary care services in the 2005 project year. Therefore, the 20% target for ‘In Care’ Survey Respondents was set at 7 persons. A target sample set by demographic and risk profile was used to establish an accurate means of matching survey participants to this dataset in order to reflect the total ‘In Care’ population. Included below is the Target Sample Set for the African American needs assessment study. In actuality, 80 of the current ‘In Care’ population of African American PLWHA receiving primary care services through McDowell Clinic and other primary care providers in the service area participated in the survey process. This level of participation represents almost 10% of the prevalent cases of HIV/AIDS in the service area. On the following page are the two charts evidencing McDowell Clinic primary care enrollees by ethnicity by year. The level of African American female population in care has steadily increased from 2002 to 2005.

Target Sample Set

Phoenix EMA 2006 African American In Care Target Sample Set	2005 McDowell Data	Target	Actual	+
<i>Race/Ethnicity</i>				
African American	35	7	80	73
Total	35	7	80	73
<i>Gender</i>				
Male	16	3	48	45
Female	19	4	28	24
Transgender	0	0	4	4
Total	35	7	80	73
<i>Exposure Category</i>				
MSM			30	
MSM/IDU			2	
Injection Drug Use (IDU)			16	
Heterosexual			22	
Transfusion			4	
Not Classified			6	
Total			80	73

Female Enrollees by Ethnicity by Year and Male Enrollees by Ethnicity by Year.



b. Survey Sites

The ‘In Care’ survey process was implemented under the direction of Collaborative Research. The survey sites for the survey process included the major Ryan White funded service provider agencies, in order to access those persons currently receiving RW funded services and to *ensure a minimum of duplication* among survey participants. Survey Respondents received a \$20 HEB food card for participating in the survey process.

Chapter 2: African American “In Care” Survey Findings

The 2006 HIV/AIDS Needs Assessment provides a “snapshot” of the African American PLWHA community service needs, usage, barriers, and gaps as expressed by consumers of HIV related services. The goal of the ‘In Care’ survey process was to achieve a 20% participation rate by the African American ‘In Care/In System’ clients, hereafter referred to as ‘In Care’ population (N=35). The actual ‘In Care’ participation included 80 African American PLWHA in the service area. This level of participation represents a baseline for future assessments of need among African American PLWHA in the EMA.

Overview of ‘In Care’ Survey Results

The ‘In Care’ client surveys were scheduled over a two-month period in Summer of 2006, with 80 total surveys completed. The tables below indicate the gender and sexual orientation of the African American ‘In Care’ survey population.

Demographic Profile of African American “In Care” Survey Participants

Gender

Phoenix	Group	Sample Frame	Sample Frame
		#	%
GENDER	Male	48	60%
	Female	28	35%
	Transgender	4	5%
Total		80	100%

Sexual Orientation

Phoenix	Group	Sample Frame	Sample Frame
		#	%
Sexual	Gay	28	35%
Orientation	Bisexual	8	10%
	Straight	34	43%
	Other/PNTA	10	13%
Total		80	100%

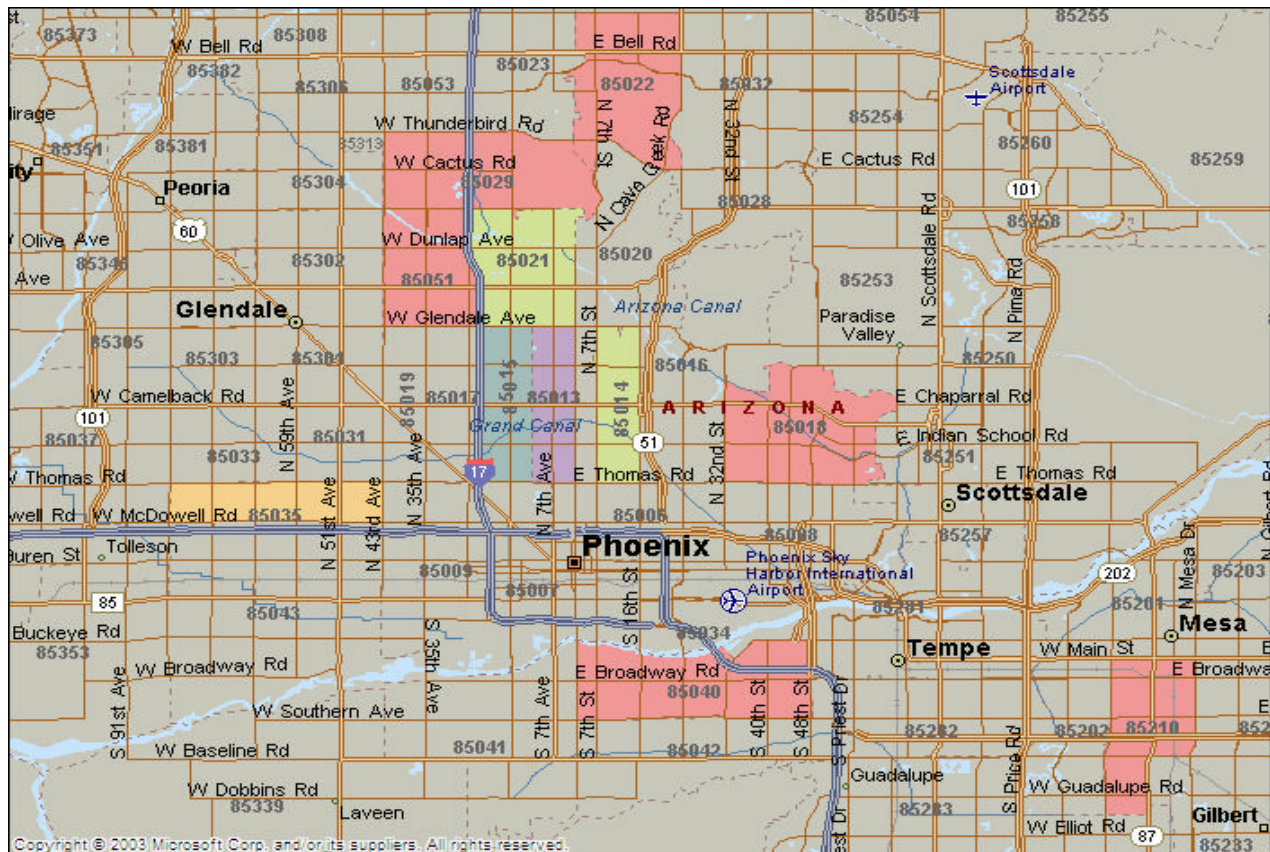
Age

Thirty eight percent (38%) of the African American respondents report ages in the 35-44 age range; with only 10% reporting ages in the 25-34 age range; and 40% reporting ages in the 45-54 age range. Thirteen percent (13%) report their ages between 55 and 74 years of age and none of the respondents (0%) report ages between 13 and 24 years.

Zip Code of Residence

Over half of the African American respondents reported their current residence in the following five zip codes: 85013, 85014, 85015, 85021 and 85040. The remainder of the sample reported a wider variation in zip code of residence, evidenced in the map below.

Zip Code Map: Location of Residence for African American “In Care” Participants



HIV/AIDS Status

Over half of the African American respondents (52%) report a diagnosis of HIV and 48% report a current AIDS diagnosis. Half (50%) of the survey participants report first learning their HIV status since 1996 and half report ‘year of diagnosis’ from 1983 to 1995. Only 59% report first

diagnosis of HIV or AIDS in Arizona, with the remainder reporting Pennsylvania, Wisconsin, New York, Washington DC and other locations around the country.

HIV Transmission Risk

Thirty eight percent (38%) of the African American “In Care” respondents report acquiring HIV as a result of MSM behavior; 4% due to MSM/IDU behavior; 29% as a result of heterosexual behavior; and 20% of all respondents cite injection drug use as the mode of HIV infection.

Medium of HIV infection	Total	
	#	%
Male sex with male	30	38%
MSM/IDU	2	4%
Heterosexual sex	22	29%
Injection Drug Use	16	20%
Transfusion	4	5%
Mother with HIV/AIDS	0	0%
Unknown	4	5%
Other	2	3%
TOTAL	80	100%

Income Level

As evidenced below, a majority of the African American “In Care” respondents report incomes at 100-200% FPL, with most in the \$0-9,999 and \$ 10-19,999 income ranges.

ZIP Code	0-9,999	10,000-19,999	20,000-29,999	30,000-39,999	40,000-49,999	Over 50,000	Grand Total	Total %
85013	10	6					16	20%
85014	6	4					10	13%
85015	8	2		2			12	15%
85018		2					2	3%
85021	4		2				6	7%
85022		2					2	3%
85029		2					2	3%
85031					2		2	3%
85033			2				2	3%
85035				2			2	3%
85037				2			2	3%
85040	6						6	7%
85051	2						2	3%
85202	2						2	3%
85210	2						2	3%
85006	2						2	3%
85257	2						2	3%
85004			2				2	3%
85281	2	2					4	5%
Totals	46	20	6	6	2	0	80	100%

Employment and Health Insurance

Mirroring the high levels of poverty among the members of the respondent group, almost 60% of the African American “In Care” survey respondents (58%) report current unemployment.

Employed		Unemployed	
#	%	#	%
34	42%	46	58%
80	100%		

Sixty of the 80 African American respondents (75%) report some form of medical health insurance, including 50 respondents with Medicaid and/or Medicare benefits, and 10 PLWHA reporting private insurance. An additional 20 respondents (25%) report dental insurance benefits.

Living Arrangements

Only 3% of the African American respondents report owning their home; almost two-thirds (63%) report currently renting a home or apartment; and over one-third (34%) of all African American “In Care” survey participants report being homeless or temporarily housed. ***Only 33% of the total survey group reports currently receiving any form of rental assistance.***

Residence	#	%
Own your home	4	3%
Rent	50	63%
Live with a Friend/Relative	6	8%
Stay in a Shelter	10	13%
Other (Shanti, Rehab Facility, Half-way house)	10	13%
Total	80	100%

Ever Homeless

More than half of the total In Care survey participant group

(53%) reports a current or previous period of homelessness, evidencing an extremely high level of housing instability within this community. This finding would indicate substantial challenge in successfully facilitating entry into and retention in HIV primary care and services for the African American population residing in the Phoenix EMA. This finding may also explain part of the disparity noted between the total number of living African American PLWHA and the relatively low number currently participating in HIV primary medical care.

Homelessness	#	%
Never	38	48%
Currently	14	18%
In past 2 years, but not now	8	10%
Longer than past 2 years, but not now	20	25%
Total	80	100%

Education Level

The African American “In Care” respondents report a relatively high level of education overall. Twenty eight percent (28%) of the African American “In Care” survey participant group reports graduating from high school; 30% report some college; and 23% report acquisition of a college degree. This finding mirrors national data, however the reported level of education does not comport with the level of poverty and homelessness reported by this group of PLWHA.

Education	#	%
Grade school or less	0	0%
Some high school	12	15%
High school grad/GED	22	28%
Some College	24	30%
College degree	18	23%
Graduate level	2	3%
Other:	2	3%
TOTAL	80	100%

Incarceration in Past Year

Also significant is the finding that 10% of the total respondent group of African American PLWHA reports having been in jail or prison during the past year.

Jail or Prison Stay in Past Year			
Yes	%	No	%
8	10%	72	90%
80	100%		

Current Primary Care Physician

Three physicians currently serve the majority of African American PLWHA who responded to the needs assessment survey, including Drs. Post, Williams and Cunningham. A total of eleven physicians are named by the “In Care” respondent group of African American PLWHA in the Phoenix EMA. Four survey participants (6% of the survey sample) report “None” for current physician. Four respondents also reported recent receipt of laboratory monitoring tests, with a lapse in physician visit of one or more years, most likely evidencing a recent return to care by these individuals.

Current Primary Care Clinic

Fifty percent (50%) of the African American “In Care” survey group reports their current/recent receipt of primary care services at the McDowell Clinic. Twenty percent of all African American respondents report receiving primary care services through Pueblo-Phoenix physicians; 10% report enrollment in primary care services at Spectrum; and 10% report ‘other’.

Clinic/Physician's Office	#	%
Pueblo-Phoenix	16	20%
Sun Life Family Health Center	0	0%
Pueblo-Scottsdale	0	0%
VA	4	5%
McDowell	40	50%
Spectrum	8	10%
Other	8	10%
PNTA	4	5%
Total	80	100%

Antiretroviral Medication

Slightly fewer than half of the total African American PLWHA respondent group (48%) reports current treatment with antiretroviral (ARV) medication; 50% report current ARV therapy; and two respondents preferred not to answer.

Co-Morbidities

The African American respondent group reports a fairly high level of co-morbidities, including: 53% who report ever being diagnosed with or treated for a disease other than HIV disease; 33% who report diagnosis and/or treatment of a mental illness; and 43% who report previous diagnosis and/or treatment of an STD other than HIV. ***An astounding 55% report diagnosis and treatment for a substance abuse disorder.***

A Use, Needs, Gaps and Barriers ranking was developed for all African American 'In Care' respondents. The 2006 African American HIV/AIDS Needs Assessment provides a "snapshot" of the community service needs, barriers, and gaps as expressed by consumers of HIV related services.

The rankings of the Needs Assessment were displayed for all 'In Care' respondents, with separation into Need, Use, Gap and Barrier. This can be further defined as:

Need	Number of 'In Care' client survey respondents who stated "I currently need this service."
Use	Number of 'In Care' client survey respondents who indicated service use in the past year
Gap	Sum of 'In Care' client survey respondents who answered 'Yes' to Need and 'No' to availability of that service
Barrier	Number of 'In Care' client survey respondents who indicated that a service is 'Hard to Get'

These rankings were displayed for ALL African American 'In Care²' survey respondents.

² In Care – defined by HRSA as receiving 1) Viral Load tests 2) CD4 Counts 3) Antiretroviral drugs within the past 12 months

NEED

The ‘Top Ten’ HIV service needs reported by the African American ‘In Care’ survey participants, in rank order, include: 1) Primary Medical Care; 2) Housing; 3) Food; 4) Support; 5) Medications; 6) Emergency Financial Assistance; 7) Medication Financial Assistance; 8) Transportation & Mental Health Counseling (tied # 8 rankings); 9) Dental Care services & Spiritual Health Counseling (tied # 9 rankings); and, 10) Clothing, Utilities assistance & Case Management (all three tied # 10 rankings).

The Top 10 Ranked NEEDS for ALL African American “In Care” respondents were:

Service Category Description	Need Rank
Housing	2
Food	3
Primary Medical Care	1
Medications	5
Clothing	10
Transportation	8
Medication Financial Assistance	7
Support	4
Utilities	10
Case Management	10
Mental Health Counseling	8
Emergency Financial Assistance	6
Dental Care	9
Spiritual Health Counseling	9

Service USES

As evidenced in the Use table below and on the following page, the services reported as most often ‘Used’ are similar to those most ‘Needed’, ***with several notable exceptions, evident in the Gaps section.*** The African American ‘In Care’ survey respondents tended to report ‘Use’ of particular agencies (whose services they access) rather than reporting specific service categories. The top five ranked ‘Used’ services/agencies included: 1) Primary Medical care; 2) Body Positive; 3) Care Directions; 4) Housing; and 5) Support.

The Top Ranked Service USES for ALL African American “In Care” respondents were:

Service Category Description	Use Rank
Housing	4
Food	6
Primary Medical Care	1
Specialty Medical Care	8
Medications	6
Transportation	7
Support	5
Body Positive	2

Case Management	6
Value Options	9
Maricap Medical Center	9
Pueblo	9
Section 8	9
Government Assistance	9
Mental Health Counseling	5
PCM/Healthy Relationships	9
Care Directions	3
Joshua Tree	6
Group Hope	9
Men of Color	9
Shanti	5
Emergency Financial Assistance	9
Alternative Therapies/Massages	8
Dental Care	8
Home Health Care	9

Service GAPS

The African American “In Care” survey respondents ranked the following services as “unavailable”:

- 1) Dental Care services***
- 2) Housing***
- 3) Support, Emergency Financial Assistance, and Alternative Therapies (tied #3 rankings)***
- 4) Medications, Transportation, Legal Assistance, Rental Assistance, Recreation, Eye Care, and Medication reminders (tied #4 rankings)***

The Top Ranked Service GAPS for ALL African American “In Care” respondents were:

Service Category Description	Gap Rank
Housing	2
Medications	4
Transportation	4
Support	3
Legal Assistance	4
Rental Assistance	4
Emergency Medical Care	4
Emergency Financial Assistance	3
Recreation/Exercise/YMCA	4
Alternative Therapies/Massages	3
Eye care	4
Dental Care	1
Medication Reminders	4

GAP REASONS

The primary reasons offered by African American “In Care” survey respondents to explain the unavailability of the perceived service Gaps were resource-related reasons (“not available”, “no resources”, “wait list”, and eligibility/income restrictions) while some services were perceived as unavailable because “no one cares”.

Reasons Cited for Service GAPS for ALL African American “In Care” respondents:

Service Category Description	Gap Rank	Gap Reasons
Housing	2	No one cares/not yet permanent resident
Medications	4	
Transportation	4	Can't get taxi to nutrition appt
Support	3	No Male Groups available
Legal Assistance	4	Need AZ ID
Rental Assistance	4	No resources
Emergency Medical Care	4	
Emergency Financial Assistance	3	No one cares
Recreation/Exercise/YMCA	4	
Alternative Therapies/Massages	3	Don't offer/don't have opening
Eye care	4	Can't get eye care
Dental Care	1	Income/can't get orthodontist
Medication Reminders	4	Wait list

Service BARRIERS

The top ranking services perceived as “hardest to get” by “In Care” African American PLWHA include, in rank order: 1) Housing; 2) Dental Care services; 3) Food and Transportation (tied rankings); 4) Medications, Mental Health Counseling, Emergency Medical Care, Emergency Financial Assistance, and Alternative Therapies (tied #4 rankings); and 5) Clothing, Medication Financial Assistance, Case Management, Eye Care, Medication reminders and Housing Funding (all tied #5 barrier rankings).

The Top Ranked Service BARRIERS for ALL African American “In Care” respondents were:

Service Category Description	Barrier Rank
Housing	1
Food	3
Medications	4
Clothing	5
Transportation	3
Medication Financial Assistance	5
Case Management	5
Mental Health Counseling	4
Emergency Medical Care	4
Emergency Financial Assistance	4

Alternative Therapies/Massages	4
Eye care	5
Dental Care	2
Medication Reminders	5
Housing Funding	5

Reasons for BARRIERS

As evidenced in the table below, the African American “In Care” survey respondents cited a “lack of caring” as one of the reasons to explain the difficulty in accessing many of the services ranked as service barriers (including Housing and Housing Funding, Clothing, Medication Financial Assistance, and Case Management). Wait lists, lack of funding, eligibility restrictions and limited availability are the primary reasons cited for the difficulty in accessing Housing, Medications, Transportation, Mental Health Counseling, Emergency Financial Assistance, Eye Care, Dental Care services and Housing funding assistance. The perceived difficulty in accessing emergency medical care services is ranked as a #4 access barrier.

Reasons Cited for Service BARRIERS for ALL African American “In Care” respondents:

Service Category Description	Barrier Rank	Barrier Reasons
Housing	1	Lack of caring/wait list/limited service
Food	3	
Medications	4	Lack funding/too healthy to get HIV meds
Clothing	5	Lack of caring
Transportation	3	Lack funding/taxi's are unreliable/paralysis
Medication Financial Assistance	5	Lack of caring
Case Management	5	Don't seem to care
Mental Health Counseling	4	Expensive/Limited availability
Emergency Medical Care	4	After hour care is hard to get
Emergency Financial Assistance	4	Don't qualify/Limited availability
Alternative Therapies/Massages	4	Don't offer/can't find naturopathic
Eye care	5	Can't get eye care/funding
Dental Care	2	Over income/don't qualify/cost
Medication Reminders	5	Wait list
Housing Funding	5	No resources, lack of caring

Chapter 3: Recommendations for Comprehensive Strategic Plan

1) Address Service GAPS inclusive of:

- 1) Dental Care services*
- 2) Housing*
- 3) Support, Emergency Financial Assistance, and Alternative Therapies (tied #3 rankings)*
- 4) Medications, Transportation, Legal Assistance, Rental Assistance, Recreation, Eye Care, and Treatment Adherence/Medication reminders (tied #4 rankings)*

2) Address Service BARRIERS including :

- 1) Housing*
- 2) Dental Care services*
- 3) Food and Transportation (tied rankings)*
- 4) Medications, Mental Health Counseling, Emergency Medical Care, Emergency Financial Assistance, and Alternative Therapies (tied #4 rankings); and*
- 5) Clothing, Medication Financial Assistance, Case Management, Eye Care, Medication reminders and Housing Funding (all tied #5 barrier rankings).*

3) Attempt to assess and address the reported sense of a “lack of caring” expressed by African American PLWHA, offered to explain the perceived unavailability and/or difficulty in accessing needed services in the EMA.

4) Ensure culturally competent HIV testing and primary care providers among Title I funded and network agencies, and to the extent possible, among non-Title I collaborating agencies.

5) Address barriers to HIV/STD testing and access to HIV primary medical care:

- Expand peer-based outreach and testing, implemented through social networks led by trained African American MSM
- Expand HIV testing of the In-Care HIV positive patients’ male and female sexual and drug-using partners, friends and spouses.

6) Ensure that HIV Testing Counselors are regularly making and confirming substance abuse treatment referrals for persons testing HIV positive or HIV negative. Ensure that Case Managers and Health Care Providers are routinely assessing African American PLWHA for the need for substance abuse treatment and/or mental health counseling and are initiating and confirming referrals as possible.